Director



Bob Holden Governor

FLUORIDE MOUTHRINSE ORDER FORM 2004-05 SCHOOL YEAR SCHOOL INFORMATION

DATE	CONTACT PERSON
SCHOOL	TITLE
ADDRESS (UPS DELIVERABLE)	TELEPHONE (Please include area code)
COUNTY	
CITY	ZIP CODE
SUPPLY ORDER II	NFORMATION
Number of students on the program	Grade Levels Participating
Do you have fluoride mouthrinse supplies left from If so, how much?	n last year? Yes \square No \square
(please include mouthrins	se (boxes) and cups (cases))
Fluoride (please check one flavor) Grape Bubblegum	□ Unflavored □
Cups	
Please check only if jug and/or pump needs to be refluoride pump ☐ H	eplaced. Fluoride jug
Does your community fluoridate the water supply?	Yes □ No □
Comments:	
PLEASE FAX OR MAIL COMPLETED FORM	M BY MARCH 1, 2004 TO:
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Missouri Department of Health and Senior Services Oral Health Program 920 Wildwood Dr., PO Box 570 Jefferson City, MO 65109

Telephone: 800-891-7415

Fax: 573-526-2753 Revised 1/04

www.dhss.state.mo.us

The Missouri Department of Health and Senior Services protects and promotes quality of life and health for all Missourians by developing and implementing programs and systems that provide: information and education, effective regulation and oversight, quality services, and surveillance of diseases and conditions.